

2023 – 2024 YMCA Y'S GUYS REGISTRATION FORM



Time: 2:30pm - 6:00pm

Please note: Enrollment is limited based on site

Registration Fee: \$25 per child

**Registration fee is required at the time of signup and is non-refundable.*

Y's Guys Rates: Y Member: Part Time (\$33 weekly) or Full Time (\$55 weekly) per child

Non-Y Member: Part Time (\$45 weekly) or Full Time (\$75 weekly) per child

** See Y's Guys Handbook for payment information.*

Attendance: Rates are determined as "Part Time" or "Full Time" per child.

#1 Child's Name: _____ DOB: _____ M/F: _____

Part Time (1-3 days per week)

Full Time (4-5 days per week)

#2 Child's Name: _____ DOB: _____ M/F: _____

Part Time (1-3 days per week)

Full Time (4-5 days per week)

#3 Child's Name: _____ DOB: _____ M/F: _____

Part Time (1-3 days per week)

Full Time (4-5 days per week)

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

If parents are divorced who is the custodial parent? _____

**If there are special circumstances involving visitation and/or pick-up rights, you must provide the Site Director with legal documentation of those arrangements. If child resides with guardian, write in above.*

If the person(s) above is not available in the event of an emergency, notify and authorize pickup access to:

Name: _____ Telephone: _____ Relation: _____

Name: _____ Telephone: _____ Relation: _____

Name of child's physician: _____ Telephone: _____

Address: _____ Preferred Hospital: _____

Health Care Provider: _____ Policy Number: _____

MEDICAL:

Does Child #1 have any medical conditions such as food allergies? Checkmark below and list them if yes.

- If yes, what are those medical conditions? _____
- Child #1 does not have any medical conditions.

Does Child #2 have any medical conditions such as food allergies? Checkmark below and list them if yes.

- If yes, what are those medical conditions? _____
- Child #2 does not have any medical conditions.

Does Child #3 have any medical conditions such as food allergies? Checkmark below and list them if yes.

- If yes, what are those medical conditions? _____
- Child #3 does not have any medical conditions.

MEDICATIONS CANNOT BE TAKEN DURING Y'S GUYS OR ADMINSTERED BY STAFF

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child.

List equipment needed for your child while at Y's Guys such as wheelchair, glasses, etc.:

Waiver and Photo Release

- I acknowledge that Mayfield Graves County YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in Y's Guys, I do hereby agree to hold free from any and all liability to the Mayfield Graves County YMCA and its respective officers, employees, volunteers and do hereby for myself, my heirs, executors, and administrators, waive release, and forever discharge all rights claim for all injuries and damages, occurred. I do hereby declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Y's Guys program. The YMCA is not liable for injuries or payments regarding injuries.
- I hereby consent to the use, publication, and display, in whole or in part, by or on behalf of the Mayfield Graves YMCA and its agents and assignees including, but not limited to, KENTUCKY NEW ERA, SOCIAL MEDIA, and Mayfield Graves County YMCA, or any film, video tapes, or photographs in which I or my minor child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given for a one-time use and may be used in conjunction with the photographs and the use which it/they may be put.
- I have read and understand the YMCA Y's Guys Handbook.
- I understand that the Child Care Director can suspend or expel a child under certain circumstances such as inappropriate conduct, disobedience, or other disrupting factors to the program. The YMCA has the right to suspend or expel a child for any reason at any time.
- I give the Mayfield Graves County YMCA permission to obtain a copy of my child(ren)'s immunization record from the elementary school administrator and/or nurses office.
- I understand that if I do not pay and have not arranged to pay with the Site Director that I may lose my spot in the YMCA Y's Guys program. Once my balance is paid in full, I will go to the end of the waiting list, if applicable, and apply again.
- I understand that there is a "Part Time" (1-3 days) and "Full Time" (4-5 days) payment system and will be charged based on the indicated attendance status per child.
- I authorize the Mayfield Graves County YMCA to automatically draft the weekly payment out of the credit/debit card I have put on file. I understand that there is a \$5 returned card fee.

By signing below, I acknowledge that I have read and understand the Mayfield Graves County YMCA waivers and photo release and policies listed above. I have read and understand the policies in the Y's Guys Handbook. I understand that the registration fee is nonrefundable.

Signature of Parent or Guardian: _____ Date: _____